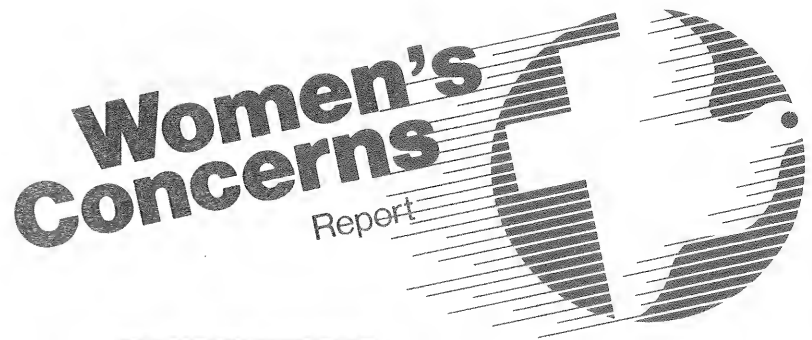


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Women and Counseling

Almost all of us, at one time or another, find ourselves in situations or stages of life which are emotionally overwhelming and temporarily immobilizing. This can be very painful and disturbing. What precipitates these events are as varied and individual as the people who experience them. Broadly, though, the causes may include a loss, a change in lifestyle or situation, an over-accumulation of stimuli (or lack thereof) or a major decision. (Although I do not discount the power of physical sources, they too frequently obscure social concerns and don't permit a holistic resolution.)

We all have our own unique ways of approaching these problems. We call on our favorite resources to aid us. For women, a common one is talking to a friend. Others may build up energy through exercise and diet. Some may reorganize and prioritize tasks, or meditate and draw on spiritual resources. If these approaches do not work, and the problem is not resolved, a crisis results. This crisis calls for new ways of perceiving and responding.

Occasionally people seek out mental health care before a crisis develops—as a stress-prevention and growth strategy. However for the most part it is a period of great personal pain and vulnerability that brings us to acknowledge the crisis and seek help. It is becoming acceptable (even fashionable) to engage in a professional counseling relationship—one expert, one client—that has as its specific goal the mental well-being of one individual. How have we arrived at this process? Is it effective? What impact does it have on us? What influences the counseling relationship to operate as it does?

No one group in our society has a monopoly on stress and pain. However, as a North American woman, I can identify most clearly with the distress of women in our culture. Professionally I am also most sharply conscious of the over-representation of women in mental health settings and institutions. (Perhaps simplistically it could parallel the fact of over-representation of men in the penal system?) Recent Canadian studies show that for every male “diagnosed” as

suffering from depression, two to six females are given this “diagnosis”. The studies reveal that women are given more drug prescriptions than men in general, but in the case of psychotropic drugs, the female/male differential is highest, 67-72 percent of prescriptions going to women. What does this mean? Are women more biologically prone to depression? Do women experience more conflict and stress in our society? Or is there a factor in the way women are viewed and subsequently treated in the health care system which contributes to this over-representation? If so, what alternatives may more accurately validate women's experiences?

Those of us growing up in a strong faith tradition know what it's like to blame our depression, stress and fear on a “poor relationship with God.” The answer follows that to try harder, to pray harder, to become more involved in church activities will lessen the depression, stress or fear, or that somehow we deserve as punishment what life hands out. Neither responds honestly to the pain in ourselves and in our world. I know as both counselor and counseled that, quite simplistically put, “bad things happen to good people” and that our responses are usually appropriate. Spiritual resources, as a source of strength and meaning in a painful time, can be powerful and unending, but only if they liberate and only if they proclaim the ultimate in good news rather than further bind us with guilt.

In this issue, Jessie Kehler searches for the causes of women's depression. Her experiences as chaplain in a psychiatric hospital have raised for her deep questions and concerns. Pam Craig and another woman, who chose to share her story anonymously, recount personal stories of crises and the search for someone to hear them. The *Report* editor summarizes advice on how to select a counselor in a separate article.

Gwen Groff and Erma Weaver summarize and review an article on counseling women affected by an “imposter phenomenon.” David Ringer, after extensive readings in feminist counseling and much practical experience, responds to the topic. My personal reflections are found in the concluding article.—*Elaine Bergen, compiler*

Elaine Bergen, trained both as a nurse and a counselor, works in a reproductive biology program of the University of Manitoba and the university's hospital, the Health Sciences Center. She is also involved in a postpartum counseling service. She and her husband, Abe, have two children, ages 12 and 8. They attend the Bethel Mennonite Church in Winnipeg.

"It took courage for Anne to seek help, but she recognized that as a nurturing parent, she herself needed to be nurtured."

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by Jessie Kehler

Depression: A Search for Causes

The causes of depression are much debated in North America. Chemical imbalance theories are widely accepted. Some people believe the imbalance is the cause while others add that it may be the result of depression. An individual's response to childhood trauma and external stress is another focus in the search for the cause of depression. Still other groups focus on the environment or situation causing the stress. Another theory is that depression is an emotional response to fear or anger. When fear results in panic, or anger results in rage, then depression sets in. Some examples of people who have experienced depression are given. Fictitious first names are used.

Della illustrates the theory that depression is anger turned inward. "Anger," she said, "was considered 'uncivilized' in my family when I was a child, and it was certainly considered unbecoming for a female. To violate this family rule and to express anger brought about alienation for me. With no way to vent my anger, it was repressed, so that I simply did not feel angry. Even after I realized I was angry, I couldn't express it because I felt ashamed. Now I can go to the mirror and look into my face and say, 'I'm so angry!' and it makes me feel clean and authentic."

Della believes her depression was also rooted in fear. She was afraid of alienation. She feared what her family, friends, and church would think if her marriage dissolved. She feared having to raise the children by herself. She was afraid of the financial insecurity she would face.

Della had done her best to create a harmonious environment, but it didn't seem to do any good. She felt trapped in a situation without hope. "I was waiting to die," she said. "No one cared. Later on I realized that it wasn't so much that I couldn't break out of the trap as that I wouldn't break out."

Linda Bailey, who has done major counseling with women, is author of the book, *How to Get Along When You Can Barely Get Out of Bed*. She sees depression as the "loss of meaning, the feeling of helplessness and grief, guilt and fear as well as a strong capacity to ignore all these painful feelings. Depression is an emotional 'dis-ease' which can

last a lifetime. It is becoming an American epidemic. Depression is treated via bars, divorce courts, television, drugs and chronic illnesses. It masquerades as alcoholism, child abuse, underachieving, overachieving and many forms of violence as well."

Some circumstances that trigger depression are peculiar to women. "Women pay a heavy psychological price to be feminine in our culture today," writes Bailey. Society places difficult demands on females, who are trained to "be feminine." According to Bailey, this means that they are expected to be "helpless, weak, nurturing, helpful, endearing, subservient, and very concerned about physical appearance." On television the female is portrayed as a sex symbol. During their teen-age years and sometimes even later, women may define their sexuality only in terms of their attractiveness to men, focusing on their need to be loved and accepted.

With this sort of background and training, what happens to someone like Janet, who finds herself in a precarious situation. On the one hand, she desperately wants love and acceptance, but because of her ideals she often falls into disfavor with both her female and male acquaintances. Frightened and angered by this dilemma, she frequently slips into severe depressions. At such times, her self-esteem crumbles and her zest for living evaporates. By seeking her friends' approval she loses her self-confidence and in this state of dependency her fragile and tender root system of identity is pulled up again.

Janet is trying to re-establish her sense of worth by looking more deeply at her religious values. She has sought a church group to which she can relate. She needs friends who hold values similar to her own. In this context she is beginning to feel a greater degree of self-respect and to sense new freedom. The depressions are less frequent and seem more manageable.

Both singleness and marriage are external circumstances which can affect women's susceptibility to depression. All of us need intimate relationships. For some women, not being married is a traumatic and depression-inducing experience. Dr. Penelope Washbourne (1979) writes, "Women are not taught to trust their own aloneness or to trust other women as supportive companions."

Because of past teachings, women tend to feel incomplete without a male counterpart. Single women often feel excluded from activities because of their status. It is good to see women who can affirm their singleness as an independent choice to select a career rather than marriage,



"If a married woman's relationship to her spouse is based on helplessness and inferiority, it can lead to mental agony and self-abasement."

or to accept this state because they feel confident in who they are.

Single mothers also have specific burdens which can induce depression. They are often left alone to rear children on a meager income and with little moral support from church or community. They face isolation and often exhaustion.

Aloneness isn't only a problem for singles. Married women often spend much time alone. Some experience exhaustion and frustration. Others struggle constantly with boredom.

Anne, a young mother of a 4-month-old baby, was overwhelmed by the responsibilities of parenting. Fatigued and confused by the demands of her new role, she sought help. Her depression lifted substantially when she established the goals of developing better communication skills with her husband and extended family, of re-establishing friendships with some of her former friends and colleagues, of generally taking charge of her life. She set ground rules in her home. She also reconnected with her church, wanting to take more time for spiritual nurturing.

It took courage for Anne to seek help, but she recognized that as a nurturing parent, she herself needed to be nurtured. It was a challenge for her to deal openly with differences of opinion with her husband and in-laws rather than to avoid conflict.

Different women have different needs, depending on their personalities, age, and many other circumstances. Some married women find work outside the home therapeutic, others prefer to be at home.

If a married woman's relationship to her spouse is based on helplessness and inferiority, it can lead to mental agony and self-abasement. Beth was severely depressed and contemplated suicide. Among the reasons for considering suicide were intense relational problems with her son. She portrayed her husband as warm, loving, and devoted although he didn't seem attentive. She raved about him and then added that out of ten siblings on his side, theirs was the only marriage still intact. The others were all divorced. Being alone at home every weekday from 6 a.m. to 10 p.m. caused Beth to become anxious and distraught. She, like many women, found it difficult to face conflict. She felt confrontation might jeopardize the marriage. To become depressed in such a situation can seem like a more acceptable route than to be assertive.

Another potential conflict arises for a woman who is

academically or vocationally superior to her spouse. Society measures our worth in terms of how "successful" we are. In order not to appear to be a threat to her husband, a wife may choose a vocation of lesser importance—a job which may present her with little challenge. Depression may set in for her because of underachievement and lack of stimulation.

Some women become depressed if they are deprived of having children. Some who at one time decided not to have children may later deeply regret such a decision. Persons who have chosen to have abortions sometimes feel guilt and experience depression.

Mothers who have lived their lives through their children sometimes experience depression when "the nest is empty." Going back to work or choosing a different vocation will often fill this vacuum and give meaning to life again. But there are also many women who, due to circumstances beyond their own control, do not have that choice. That is depressing.

Women also face hormonal imbalances which can be the cause of depression. Not long ago I visited a woman in her early 50s who said she was depressed. She displayed some menopausal stresses. Often when women go to doctors with emotional upsets, they will be put on medication. Later they need help in getting off the drug. Medications can be a blessing, but they are sometimes a bane. Several months ago a middle-aged native woman arrived at my open door at the hospital's pastoral care department. She said her doctor had prescribed a chaplain for her. This type of prescription is rare—too rare.

It is important to look at other responses to depression as well. One remedial possibility which is open to all who are depressed is meditation. This important part of the faith life is now being recognized in a new way by Protestant churches. Prayer, reflection, centering and study are invaluable tools in the struggle against the destructiveness of depression.

Depression in one form or another hits most people. Psychiatrist M. Scott Peck, in his best-selling book, *The Road Less Traveled*, gives this helpful counsel: "Life is difficult. This is a great truth because once we truly see this truth, we transcend it. Once we truly know that life is difficult—once we truly understand and accept it—then life is no longer difficult. Because once it is accepted, the fact that life is difficult no longer matters."

Depression, though painful, can be useful since it may be a statement of dis-ease with the course of one's life and

"Shortly after Ashleigh's birth, I realized all was not as expected. I was extremely anxious and irritable and spent a lot of time crying."



"I did not experience the overwhelming sense of love I believed I should."



force one to examine its meaning. For women, it can often be an accurate reflection of the powerlessness of our lives. How this power can be regained is the challenge of the struggle.

Depression has many causes and no easy solutions. However, I believe that depression could be lessened, shortened and even prevented if we had more caring communities to help us when we are becoming depressed. These communities need to be rooted in love, forgiveness and acceptance. They need to be places where persons care for themselves as well as for their "neighbors." ■

Jessie Kehler provides pastoral care at the McKewan Centre, a psychiatric hospital located in St. Boniface General Hospital in Winnipeg, Manitoba. She has two grown children, a son and a daughter, and attends Charleswood Mennonite church.

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by Pam Craig

In Search of Help

It's winter. Winter in Winnipeg brings cold and snow. For me, it also brings memories of a time in my life when my world fell apart. Although several years have passed since my crisis, I still find myself remembering.

My daughter Ashleigh was born in the late fall of 1979. I had often dreamed of having children, and this fair, blue-eyed daughter fulfilled my dream. I believed I had prepared for parenthood—reading the right books, buying all the right baby paraphernalia and attending La Maze classes. But shortly after Ashleigh's birth, I realized all was not as I had expected. I was extremely anxious and irritable and spent a lot of time crying. I was lonely for adult company but felt unable to take part in social situations.

Although I had some feeling for Ashleigh I did not experience the overwhelming sense of love I believed I should. In what seemed like a short period of time, I had become a very frightened, lonely, insecure person. I had lost touch with who I was and often feared I was going crazy.

I attempted to hide my feelings from everyone except my husband. Only he knew the terror I felt when he left for work each morning and that I counted the minutes until he returned each evening. I attempted to cope with my situation, but this soon became impossible. I decided to seek professional help. I did not realize how difficult a task this would be. My desire to be helped began a search that took many months and followed several paths. It began with a visit to a family practitioner.

I chose her because she was a woman. I hoped she would understand. When I entered her office I was reassured to see a picture of her children on her desk. We spoke, she wrote notes, she labeled me a manic-depressive, referred me to a psychiatrist and gave me a prescription for sleeping pills. My appointment lasted 15 minutes. There was no understanding, no caring, no warmth. I had come for help; I left feeling "crazy."

As my fear of being "crazy" was reinforced by that experience, I decided to see a psychiatrist. I chose a psychiatrist who had been a high-school classmate of my brother. I knew nothing of him professionally. When we met we talked briefly about my brother, and I talked about what I was experiencing. He then spoke at length on the topic of insanity and suggested that I return in a week. I left, believing he was crazier than I, knowing I would not return. I still had not found the help I needed.

In my continued search for help I saw another family practitioner. He was caring and willing to listen but felt he lacked the expertise to help. He referred me to another psychiatrist who told me I was depressed and prescribed anti-depressants and other medications. He saw me for 10 minutes twice a week and used this time to monitor my medication, changing prescriptions and dosages. My experience with him allowed me to line my medicine chest with a variety of brightly colored sleeping pills, sedatives and anti-depressants.

Since my experiences with traditional medicine left me frustrated, I decided to see a physician who practiced holistic medicine. Fasting, an altered diet and megadoses of vitamins were his cure. He said I would never recover from my schizophrenia unless I followed his program. I



"My medicine chest was soon lined with a variety of brightly colored sleeping pills, sedatives and anti-depressants."



"It's important for women to share the power in the counseling relationship and not relinquish everything to an authority figure."

attempted to do this but after several weeks gave up, feeling hopeless. My experience with this physician cost me over \$1,500 and added natural vitamins to my pill collection.

My experiences with the medical profession left me feeling devastated. I received little understanding or validation of my experience. There was very little conversation about my new role as a mother. Somehow I knew what I was experiencing was linked to my daughter's arrival. Quite by chance, I found a counselor who understood, and I worked with him until my crisis passed. My experience lasted seven months. Ashleigh was 9 months old when it ended.

I have often looked back at what I received from this counselor that I did not receive from the physicians. From him I received no diagnosis or label. He did not treat me as if I were mentally ill, but rather defined my experience as a life crisis. He helped me to see that my daughter's birth was the catalyst to an emotional upheaval; her arrival forced me to rediscover who I was. He gave me time to talk about what I experienced and felt. He listened in a way that told me he understood, and he accepted what I felt as real. It was this validation of my experience that began my healing process. This counselor gave me permission to express a wide range of intense and sometimes frightening emotions. He was caring, empathetic and non-judgmental. With these qualities he helped me work through my crisis. When it ended I felt as if I had gained control over my life again. I had gained enough confidence and self-esteem to begin again.

It was seven years ago that I lived through this crisis, and I still value the learning that I gained from it. I have since been involved with other women who have experienced similar crises, and I know the importance of validating their experiences. I have also had a second child, and I believe that her arrival was easier because of the knowledge I gained from my earlier experience. What I once felt was a never-ending nightmare has become a valued life experience. ■

Pam Craig is a counselor at Park Circle Junior High School, Winnipeg, Manitoba. Out of her painful experiences she founded a postpartum counseling service for women.

A Healing Gift

The writer of this article chooses to remain anonymous.

Several years ago I was compelled to face the awful possibility of leaving my husband if circumstances in our relationship did not significantly alter. This was no hasty thought, uttered at the end of a bad day. We had spent years trying to make allowances for what was happening, until we reached a point where we needed to actively deal with the issues or I would leave. We were slowly destroying one another, and I could no longer continue. I took my marriage vows seriously, but what we were doing to one another was horrendous.

When more than a year later I decided to leave, my physical and emotional resources were depleted. Yet I needed to be stronger than ever. My anger and profound sadness over the events soon turned to a deep depression that I could not shake. I became frightened. Life seemed nothing more than a cruel joke. I knew instinctively that in order to emerge from this experience alive and healthy I needed to ask for and accept help from someone else.

Who could I trust with such intimate, raw feelings and experiences? After one unsuccessful and painful attempt I thought of a friend who was a counselor. To her I poured out my pain.

What I received from my friend was a caring, understanding ear, with no judgment and no counsel to "try harder." She shared my sadness and confusion. Since she was a friend, she also offered ongoing support. I had shared my vulnerability and pain and was accepted. A bond would always be there between us.

Grieving the loss of a relationship whether by death or separation can be a slow, painful process. Recognizing one's own vulnerability during a time of crisis is a source of great strength. Being able to reach out to someone who could accept me was a healing gift. She affirmed the good in me and in the life around me, good that my loss had momentarily obliterated. I emerged with a renewed sense of self and hope. ■

"If something inside you says
'this is not really helping me,'
heed that inner voice."

Choosing A Counselor

Pam Craig's story illustrates that seeing a counselor may be as painful as the crisis leading an individual to want to see a counselor. Pam did find help, but not until she had had the disillusioning experience of going through a half dozen counselors. Are there guidelines you can use to avoid the troubles Pam had in locating a suitable counselor? What should you look for in a counselor? To help answer these questions, Report interviewed Elaine Bergen, the compiler of this issue, and Irene Loewen, a licensed clinical psychologist who has a private practice and also teaches pastoral counseling at the Mennonite Brethren seminary in Fresno, Calif.

Both Elaine and Irene emphasize that there are no fool-proof guidelines for locating a helpful counselor. "Shopping around" and "trial and error" is how they describe the process. Both suggest asking friends and respected peers for advice and for names of counselors who have helped them. But they caution that a counselor who is good for one person may not be right for another.

Shopping for a counselor involves taking some initiative to learn about the counselor—actually interviewing the counselor before he or she starts to interview you! Among the things you may want to find out about are: areas of expertise, counseling methods, credentials and costs.

Counselors may specialize in the kinds of people they work with, or the kinds of problems. Some counselors work especially with children, with couples, women, families, or the chronically disturbed. Irene, for example, does not encourage people to bring their children to her because she doesn't feel she is the best counselor for children. Some counselors are trained to work with persons who have experienced specific trauma, such as incest, sexual assault or domestic violence.

It may be helpful to find out something about the methods the counselor will use. Is he or she used to short-term counseling on a specific problem or longer-term Jungian-type examinations of the subconscious? Can you anticipate medication, conversation, prescribed regimens of diet and vitamin supplementation, etc.?

Inquire about the usual length of counseling, and agree on the issues needing attention. "If someone goes for counseling during a crisis and then discovers other problems during the course of the counseling, pursuing these other areas should be mutually agreed upon beforehand or the counseling could drag on forever," Irene said.

You'll want to learn something of the counselor's readiness to have you participate in determining the counseling goals and process. "If the counselor asks you what *you* want to do in the counseling, it means he or she is not accepting the power in the relationship. It's important for women to share the power in the counseling relationship and not relinquish everything to an authority figure. An authority figure may help you through the depression, but such counseling won't help you to develop new resources," Elaine pointed out.

"When entering into a counseling relationship, in a sense you are putting your well-being into someone else's hands but it's important not to give up your ultimate control over who you are and how you are defined. I feel good when someone asks me where I'm coming from because that person is taking care of herself," Elaine continued.

If the counselor is a good one for you, feelings of trust and safety will develop. This doesn't mean you might not be nervous and tense during the consultations, but overall you will feel comfortable confiding in the counselor.

"Trust will develop if the counselor is really interested in your well-being rather than trying to make you adjust to the way he or she sees things," Elaine commented. Listen to your gut feelings. "If something inside you says, 'this is not really helping me,' heed that inner voice," she added.

If you find the counselor is not helping you, try to find someone else who can. Women sometimes feel overly loyal to the first counselor they see and hesitate to switch to another, Irene said. She advises talking over with the counselor your feelings about the counseling you've received and your reasons for wanting to try someone else. "A good counselor will let you go," she added.

"The number one thing is to give yourself permission to find a counselor who is right for you. It's OK to move on, to say it's not working out. People have a real awe of the medical profession and believe they have all the answers," Elaine said.

The question of credentials is a difficult one. The most

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"I feel good when a client asks me where I'm coming from because that person is taking care of herself."

highly credentialed professional counselor may lack the empathy and listening skills that are the shining qualities of a counselor without degrees. Elaine, for example, terms "tremendous" some of the work being done by peer counselors. (Peer counselors are lay persons who take training courses in skills such as empathetic listening; they almost always work within a program overseen by professionals.)

Although credentials won't tell the whole story, looking into a counselor's background and training is a consumer right and may offer some insight into the counselor's approach. Even more basic than *level* of professional attainment is the counselor's *field* of training, whether it be psychiatry, psychology, marriage and family counseling or social work. In broad generalities and recognizing that exceptions likely abound, practitioners in each field can be expected to approach counseling from the particular perspective of their field.

Psychiatrists, trained as physicians, traditionally operate on a medical model. They view mental health problems as illness, due to physical or chemical imbalances within the individual. Psychologists also examine the individual, but tend to view problems as caused by past experiences or misconceptions about one's self. Marriage and family counselors most often look at the individual as part of a family system, and believe that individual mental health problems are the result of a non-functioning or malfunctioning component in the family system. Social workers usually view an individual's problems in the context of his or her environment and social setting.

A feminist outlook on counseling is closest to that of the social worker. It critiques those approaches which view mental health disturbances solely as responses to individual or family circumstances. Feminist counselors begin with a critical analysis of women's place in a patriarchal society, and tend to view women's problems as a result of their oppression in such a society. Feminist counselors maintain that women can suffer with counseling that unquestioningly accepts the way society is. A family and marriage counselor, for example, who holds traditional family patterns as the norm may make a woman client believe that her problems arise because she is not doing enough as a wife and mother.

Costs and insurance considerations compound the credentials question. The going rate for an hour of counseling in the United States ranges roughly from \$60 to \$90 an hour, Irene said. Marriage and family counselors, with masters degrees only, often charge as much as

psychologists and psychiatrists, who are more highly trained.

Find out what your insurance will cover before making an appointment with a counselor, Irene advises. Many insurance companies, including Mennonite Mutual Aid, will pay only for counseling done with licensed psychologists and psychiatrists. This is a company's way of trying to attain some uniformity in quality or standards in the work they will pay for.

Likewise in Canada, the government Medicare program will reimburse the costs of psychiatrists, but generally not of other counseling services. Canadians who have extra insurance coverage, such as from their employer, also need to know what kinds of counseling that insurance will cover.

Both Elaine and Irene point out, however, that many counseling services not covered by insurance programs operate on a sliding fee scale. Costs vary according to the client's income. If they don't advertise flexible rates and you cannot pay what they charge, ask them if they'll work with you at a lower rate, Irene advised.

Finally, Elaine counsels that if you are really hurting and feeling very vulnerable, ask a trusted friend or family member to help you locate a counselor. Often, this alone can be therapeutic, she pointed out. "Once you ask somebody to help you," she said, "you've gone half the way." ■

"While they receive praise for their accomplishments, they secretly believe they have fooled everyone, and they fear they will be found out."



"They attribute their success to factors beyond their control such as overevaluation of their work by others or extremely hard work which they are not certain they can repeat in the future."

by Gwen Groff

The Impostor Phenomenon: Review of an Article

Treatment of the Impostor Phenomenon in High-Achieving Women. By Suzanne Imes and Pauline Rose Clance. From Women Therapists Working with Women: New Theory and Process of Feminist Therapy. Brody, Claire (Ed.) New York: Springer Pub. 1984.

The impostor phenomenon is a feeling of phoniness among high-achieving women who believe they are not intelligent or creative despite evidence to the contrary. While they are receiving praise for their accomplishments, they secretly believe they have fooled everyone, and they fear they will be found out.

Impostors are highly motivated to achieve and can push through their anxiety to produce superior work. However, they do not feel a sustained sense of personal accomplishment. They attribute their success to factors beyond their control such as overevaluation of their work by others or extremely hard work which they are not certain they can repeat in the future.

Since these women often are successful, the need for treatment may not be obvious. But a woman with impostor feelings disowns positive parts of herself and cannot fully experience her successes. She is unrealistic about her capabilities. She experiences intense anxiety. With each new challenge, the fear emerges again that this time she will be found out. She cannot function with self-assurance, energy, freedom, pleasure and centeredness. The fear of both success and failure affects her internal state, her interpersonal relations and her productivity. It is therefore not a symptom to be treated but a deeply held self-perception to be altered.

Throughout the article there are many descriptive passages and examples which clearly identify the phenomenon. While the authors show that this phenomenon is common among women, they never address the question of why women are more susceptible to this than men.

It may be difficult for a therapist to recognize the impostor

phenomenon, especially if she does not know the client's actual level of ability, intelligence and creativity. Some clues that the client has impostor feelings include fears about a specific assignment, procrastination, anxiety, and avoidance of achievement-related issues. While taking the client's fears seriously, the therapist must also recognize that the client's fears are not based on reality.

The therapist should not simply convince the client that she will "do just fine." Glib reassurances discount the clients' feelings and tell her that her fears haven't been heard. The therapist can show that she takes the client's fears seriously by asking specific questions about them in order to understand them before trying to help her realize that her self-doubts are unfounded.

The authors write from a gestalt therapy point of view, with the assumption that the "quality of life is impeded when parts of the self are disowned." (pp. 70-71) They see therapy as an empowerment process which increases a client's options for full, energetic living. They emphasize the importance of original family dynamics and how these "scripts" affect the client's present relationships. The client must discover and reject her family myth. Only when the client sees her expected role in the family can she release herself from it.

Often a woman experiencing the impostor phenomenon has been known as the charming, sensitive or bright one of the family. The child assumed to be extremely intelligent feels she must live up to expectations of perfection, and she internalizes her parents' attitude that perfection should be attained with ease. The therapist can help her see the illogic in her self-judgment and help her accept her intelligence as well as her lack of perfect knowledge. She learns to move beyond her fear of being exposed.

The authors list several successful therapeutic approaches to the impostor phenomenon. The client may be asked to imagine confessing to all the people she believes she has deceived and predict how each would respond. Another approach is to have the client act out being bright. This often helps a client own her positive traits. It may also call up hidden feelings of arrogance, guilt and fear of success. A client may also be asked to keep a journal to record positive feedback she has received and the ways she keeps herself from internalizing it.

One brief case study seemed particularly relevant to Mennonite women who have made a significant break from their rural farm family background and have become educated urban professionals. In the case of a woman who

"A perfectionist will assume that real intelligence lies in what she is not good at."

"Women with impostor feelings often fear the power they would have if they owned their abilities."

had obtained more education and achieved more than anyone else in her family, her therapist needed to help her examine how she was still similar to her family and home community so that she would not feel alienated from her original culture. Then she could gradually accept the significant, positive ways in which she was different.

Perfectionism is a dominant theme for women who experience the impostor phenomenon. Doing anything less than perfectly is intolerable and proof of her supposed stupidity. Perfectionism not only fills the work process with anxiety, but also decreases the amount of work she can achieve.

One insightful observation involves the perfectionist's notion of what constitutes intelligence. A perfectionist will assume that "real" intelligence lies in what she is not good at: If she can accurately retain facts, she believes real intelligence involves analyzing and synthesizing. If she solves problems easily, she believes real intelligence means the ability to retain huge volumes of facts. The client feels it doesn't "count" to succeed at what she is good at. What counts is to do what she finds hard. This creates several problems. The woman discounts all accomplishments in what she is naturally good at, she becomes frustrated as she pursues tasks she is not good at, and her failure in these areas becomes proof of her unintelligence.

One helpful treatment involves getting the client to verbally admit that her world won't crumble if she does something that is less than perfect. A client can be helped through her anxiety if she is encouraged to limit the time spent on a project or to hand it in before it is perfect in order to receive concrete feedback. She may become less compulsive when she realizes that others' standards are not as high as her own, and that she does not need to be an expert before she begins a new task or role. The therapist can help the client verbalize deep fears of failure so that she can see that they are irrational or that a failure is bearable.

The final section is the most revealing. The authors state, "Although the specific strategies that we have outlined are effective in assisting clients in dealing with acute episodes of impostor feelings, the feelings usually re-emerge in any new situation or setting that challenges intellect or creativity. To achieve any long lasting effects of treatment, the therapy must address the client's resistances to internalizing success." (p. 83)

Ultimately, impostor behaviors last because they benefit the woman. They drive the woman to a degree of success and allow her to avoid real or presumed consequences of

owning her abilities.

Some women believe the anxiety, doubt, and compulsive work are necessary to succeed. They believe a freer, relaxed approach would lead to failure and exposure of their inadequacies. Some believe that if they acknowledged their intelligence, people would expect more of them, and they are already pushing their limits. Women with impostor feelings often fear the power they would have if they owned their abilities. Christian women may have additional problems with empowerment because of uncertainties about the appropriateness of holding power. Most women have seen power abused and believe they won't be liked if they are perceived as powerful. Their need to be empowered conflicts with their need for a sense of affiliation with people. Women with impostor feelings believe that if they resist empowerment, they can avoid the negative consequences of affecting others' lives.

This article shows that dealing with the impostor phenomenon involves a significant identity shift. Therapy may be slow, but the changes have a profound impact on women's lives. When women spend less energy negating their intelligence and creativity, they can better enjoy their efforts and own their achievements.

A more critical reading of this Imes and Clance article is possible. As Erma Weaver read the article she alternated between nodding in agreement and saying a loud "No!" to the authors' basic assumption. She began to wonder if we women might not feel like impostors because in a very real sense, we are. We become impostors in order to achieve in an alien system. Erma's view of the impostor phenomenon takes women's feelings even more seriously than the authors claim to. She confesses, "As I read this I kept turning back to the title page to make sure it wasn't written by men." A brief summary of her response follows:

Could it not be perhaps that these women feel like impostors because the definitions of success and worthy accomplishment are not their own? The uncomfortableness and phoniness she feels about what looks to others like achievement may be due to the fact that it is not achievement according to her own sense of reality. She is a woman with a feminine core, an essentially different set of values, standard of morality, and way of perceiving reality than what the dominant society operates within. Her most essential being is not affirmed if she has "only" achieved in terms defined by the authority of Western patriarchal society. Though accomplished according to those standards, she may feel sadly unsuccessful according to her own deepest realizations of what is worthy action.

"She is a woman with a feminine core, an essentially different set of values, standard of morality and way of perceiving than the dominant society."

"I made myself vulnerable enough to enable her to tell me when my biases, presuppositions and maleness were blocking the therapeutic process."

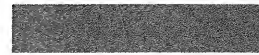
Our society does not acknowledge and reward feminine power, hence a woman often chooses to develop qualities that will give her the rewards that she needs from society. Those qualities involve competing in our culture, climbing hierarchical ladders, defining categories, analyzing objectively, and separating ourselves out. Our culture does not reward relationship strengths and an understanding of how things fit together. It does not encourage development of group participation skills or ability to move horizontally around the circle rather than up the ladder. We do not reward the power to evoke life energies in others, to enable the expression and interaction of diverse elements, or to recognize and stay in touch with all the interrelated costs and effects of any given accomplishment.

Focusing on an individual achievement without considering the context is self delusion. In her deepest core the feminine being senses this. She feels as if she is cheating somehow when she does what is necessary to become a "success." When she focuses her attention and concentrates her energy on one aspect of the whole, she must cut off other parts of the total interrelated picture. Knowing she does this to get the reward she wants but sensing it to be a kind of aggression against her basic self may be the real cause of her feeling that her achievement is somehow "phony." This calls for a different kind of therapy.

This woman needs therapy that affirms the truth she senses deep within herself and helps her to recognize how her society has made her deny her true self in order to be counted worthy. She also needs therapy that affirms her desire to have power to control her own life and to have her basic needs met. She needs therapy that can evoke in her the power to achieve by her own definitions of success. The survival of the planet depends on healthy women offering a saving balance. If, on the other hand, therapists succeed in helping female clients to overcome those impostor feelings without challenging the definitions of success, then the hope for the planet will be grim indeed. The seeds of truth that might have been watered and given good soil for growth will die on the rocks, overexposed to the burning sun. My hope is that we will find ways to regain our health and that the old definitions of achievement will fall away as we reconnect with each other, with the earth and with the Goddess who lives in all. ■

Gwen Groff is currently assisting the Committee on Women's Concerns with various projects as she awaits a more permanent assignment with MCC. A Lancaster County native, Gwen has had a variety of work experiences as writer/editor and businesswoman. Erma Weaver is Coordinator of Development Education at MCC. She lives on a farm in Manheim, Pa. Both Erma and Gwen attend Community Mennonite Church of Lancaster, Pa.

by David Ringer



Reflections of a Male Counselor

The question of whether or not there is such a counseling perspective, approach, or theory which can be labeled "feminist" is irrelevant to the counseling process. What is relevant is that counselors, whether male or female, grapple with "femaleness," and their educated biases toward persons of female gender.

A 1975 report published in *American Psychologist* identified sex bias in counselors, particularly in the following areas: fostering traditional sex roles; expectations and devaluation of women; sexist use of psychoanalytic concepts; and responding to women as sex objects, including the seduction of women in therapy. One study showed that both men and women practicum students showed negative bias toward a female client who was considering entering a non-traditional occupation. Thirteen years later other studies reported a decrease in stereotyping. Whether this was simply because counselors became aware that they should not appear sexist was unclear. (Johnson, 1979; Davidson and Abramowitz, 1980)

Given the fact that there is a negative female-sex bias in my culture, that as a male counselor I was trained by male supervisors, and that my awareness and understanding of "femaleness" was very limited, I made the choice to assume the stance of a listener. I listened to female counselees tell their stories of rape, incest, frustrated career plans, and tensions and joys in lesbian relationships. I read with a listener's ear the work of Sheila Kitzinger, Jean Baker Miller, Ruth Krall, Carol Ringer, Karen Horney and others. I listened to the male-negating stories, withheld my "shoulds," and came to some very different conclusions about femaleness and female development.

I remember the second counseling session with a woman who had experienced a great deal of sexual abuse, including incest. In the listening process, I made myself vulnerable enough to enable her to tell me when my biases, presuppositions and maleness were blocking the therapeutic process. I remember her judgment at several points during the session, but what I remember well is her comment: "Thank you, thank you! You took me seriously and listened. I've been to many counselors, but I have never

• **Women Worldwide**

• **The International Center for Research on Women announces the 1987 Fellowship Program for Latin America and the Caribbean.** The program trains promising professionals from Latin America and the Caribbean in the use of social science research for the development of policies and programs beneficial to poor women in developing countries.

Fellows carry out individual research in the field of women in development and participate in ongoing ICRW activities. For information write ICRW Fellows Program, 1717 Massachusetts Avenue, NW., Suite 501, Washington, D.C. 20036.

• **MCC helped two Vietnamese women, Lien Vu Thi Kim and Yen Tran Thi Lan, attend the Asian Regional Consultation on Justice, Peace and the Integrity**

of Creation in Bangkok, Thailand in December. The ecumenical meeting, sponsored by the Sub-unit on Women of the World Council of Churches, brought together 40 women from 18 countries to study militarism and its effects on women.

"The conference was tremendously exciting and stimulating," reported MCC Thailand co-country representative Louise Buhler.

"The two Vietnamese participants developed close relationships with many of the other women and were requested (by popular demand) to make a special presentation on Vietnam because most of the women had not related to any Vietnamese since 1975 and were anxious to hear about women's issues there."

shared as much with them. This has been helpful, very helpful."

I agree with another writer that "the appropriateness of the theory for the specific situation, and the social awareness and sensitivity to the issues relating to women's concerns on the part of the counselor play the most significant role in predicting the success in counseling the emergent woman." (Ringer, 1985) ■

David Ringer is Pastoral Care Coordinator at Fort Garry United Church in Winnipeg, Manitoba. He worked in the personnel department of MCC Canada for many years, and served with MCC in Nigeria. He and his wife, Carol, have two sons, ages 13 and 8.

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by Elaine Bergen

Defining the Issues

When I received this assignment, I began by asking various Mennonite women what the issues were for women and counseling. Some of the women who are professional counselors looked bewildered and said, "Is there an issue?" Others gently acknowledged that yes, women were experiencing a great deal of pain and yes, there was injustice. They looked for healing. One woman who works with women in the church responded passionately with, "Anger—it's about anger!" She works for awareness, for women joining each other in strength. The goal is not only listening but hearing one another's pain, seeing clearly where we have come from and why, and above all, empowering each other to move ahead.

Gloria Steinem, in a 1983 lecture at the University of Manitoba, said that our institutions and structures do not yet reflect our changing values. The mental health system is one powerful case in point. A number of recent writers critiquing women in counseling confirm that although theory is becoming slightly more attuned to women's lives, this is hardly reflected in the overall practice. The history is ugly and the impact devastating and lasting.

One of the incredible horrors of the Middle Ages was the killing of millions of women, many for the "crime" of healing. Much female power and wisdom was silenced with explicit help (and order) of the church. Men established themselves as healers and experts and women developed a stance of the patient, ever in need of the expert. (Ehrenreich and English, 1979)

Having spoken to virtually hundreds of women experiencing "distress" after the birth of a child, I am still shocked to hear this blithely written off as merely biochemical and treated with megadoses of antidepressants. Women, being told to expect total happiness and fulfillment in giving birth and raising a child, are likewise told that feelings to the contrary are either "crazy" or physiologically based. Over and over I would hear, "Don't worry—these pills will make it better" or "A few weeks of rest and therapy in the hospital (psychiatric) and you'll feel so much better about being a mother." A woman recently told me that her psychiatrist said her 4-year-old was misbehaving because she had been so depressed after his birth.

Where are the questions about expectations, about the job itself and the stresses that rank mothering higher on the stress scales than most jobs, about supports, about the isolation and drudgery? Where is the acknowledgment that guilt, self-blame and low self-esteem are themes that are "structured into the very heart of women's lives and embedded within the institution of motherhood"? (Levine, 1983) Where is recognized the contradiction that women still are portrayed as "natural and irreplaceable" but that how to do the job is outlined by (usually male) child care experts. Why do we still act as if whatever goes wrong must be traced to an inadequate (smothering or neglectful) mother-child relationship?

In talking to women who have experienced incredible violence at the hands of their partners, I hear again stories of "poor communication skills," self-blame for failing in some way to maintain and nurture the relationship. Women told me about endless visits to doctor's offices with bruises, cuts, broken bones, migraines, sleeplessness, anxiety—and rarely a question about what happened. The physical body

• **Women in Leadership**

• **Wilma Bailey** of Nashville, Tenn. has been elected to the boards of both MCC and MCC U.S. Wilma, a graduate of Associated Mennonite Biblical Seminary, is currently doing doctoral work in theology at Vanderbilt University. She formerly directed the James Lark Leadership Education Program of urban and Black ministry at Goshen (Ind.) College.

• **Lora Sawatsky** of Winnipeg is the first Mennonite Brethren women to be appointed to the MCC Canada board. She is one of five Mennonite Brethren delegates to that board. She belongs to River East Mennonite Brethren Church in Winnipeg.

• **Jeanette Flaming**, new member-at-large on the MCC U.S. board, began a three-month Voluntary Service assignment in March in order to learn more about MCC U.S. She will be working in the Washington, D.C. Peace Section Office and living at the Kilbourne VS unit house. Jeanette, who is from Dallas, Ore., also serves on the MCC board and was elected to the MCC Executive Committee in January.

• Other women elected at the General Conference triennial session in Saskatoon last summer, who were not listed in a previous "News and Verbs" announcement, include: **Kathy Bauman**, Sassamansville, Pa., Commission on Education; **Ivorie Lowe**, Markham, Ill., Commission on Home Ministries; **Eleanor Loewen**, Winnipeg, Man. and **Joyce Shutt**, Ortanna, Pa. to the Program Committee.

was treated and the emotional pain was dulled by antidepressants. The message was clear—the person with the complaint was the problem. The stories of violence go on.

In the late 1800s Charlotte Perkins Gilman eloquently expressed her "descent into madness" after the birth of her child in her fictionalized novel, *Yellow Wallpaper*. Struggling with ambivalent feelings and the conflict between motherwork and "work in the world," Gilman was instructed by her physician to devote herself to domestic duties and "never touch pen, brush or pencil as long as you live." Phyllis Chesler (1973) tells the horrific stories of women imprisoned in mental institutions in response to their resisting traditional forms of female behavior. Conformity and adjustment was the demand. The price for refusal was heavy. Recently a mother related to a social worker, "I use these drugs (tranquilizers for 10 years) for one purpose, and one purpose only, to protect my family from my irritability." (Levine, 1983) A psychiatrist says she was told, "I feel that, essentially, when a doctor prescribes a pill for me, it's to put him out of my misery." (Penfold and Walker, 1983)

Yes, for me there is an issue of women in counseling. The daily experiences of women's lives are not attended to, the pain is not heard, and the problem is explained as female inadequacy (physical or emotional). The responses to their situations are not validated but soothed with drugs or counseled into acceptance.

What happens to women in traditional therapy, say critics, is essentially a "re-indoctrination" of the second-class status of women. The feelings are explored, analyzed, diagnosed and treated—the context and situation is rarely acknowledged and the reality of life is not relevant. In cases of abuse, counselors, particularly in the church, are all too frequently invested in saving the marriage, in upholding what is institutionally moral rather than recognizing the crime and environment that breeds it.

One very powerful strength women have developed is their ability to nurture and talk to each other. Over the fence, over coffee, by telephone, in groups, we have for generations told our stories and cared for each other. This is therapy at its best. Unfortunately too often we become pitted against each other and believe that others have our answers. As we unlearn the message that there is something wrong in how we think and feel, we can begin to take pride in ourselves, in our strengths and in our thoughts and feelings. When this is affirmed we can open the doors to more options! We've been taught to nurture others, but

not to receive or expect nurturing. But this is what we can give each other—this is counseling.

Across the country various kinds of self-help groups are popping up. In Winnipeg, Pam Craig responded to her "postpartum depression" with the organization of a service that allowed women who had been through the experience to offer support and understanding to distressed mothers. Combined with a professional staff component to offer continuity, education and counseling, it offered a model that "fit" the experience of women's lives. Counseling that is feminine, concerned with female wholeness begins with an analysis and understanding of the politics of social relationships and their impact and/or reflection on every aspect of our lives. It begins not with theories of disease or mental disorder but with the stories women bring. This story is shared in a profound way by every woman and thus by the counselor. The goal is not adjustment to what is, but to lift "the unjust burden of blame, guilt and individual responsibility from the shoulders of individual women ... to release the energies and abilities of women to change their lives, individually and collectively ... to reclaim actively the strength and power and talent that lie dormant and hidden within us." (Levine p. 80-81, 1980). ■

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- "The Visual Arts and Peace" was the title of the 1986 annual C. Henry Smith Peace Lecture given last November at Goshen (Ind.) College. Mary Ann Sullivan, professor of English and art history at Bluffton (Ohio) College, used lecture and slides to show how militaristic values were glorified during the Roman empire, Middle Ages, the Renaissance and the Napoleonic period.
- Deborah Martin-Koop will assume responsibilities this summer as staffperson of a newly created MCC Quebec office. She will place VSers and strengthen contact with the Quebec Mennonite constituency, especially through the translation of MCC materials into French. Deborah and her husband, Robert, are currently pastoring the Mennonite Fellowship in Montreal.
- Irene Koop will serve as manager of a new senior center due to open this summer at Greencroft retirement communities in Goshen and Elkhart, Ind. The center will help elderly persons remain independent by offering educational, social, recreational and health services. Irene has extensive experience in developing social and recreational programs for the elderly.
- Shirley King, associate professor of music at Bethel College in North Newton, Kan., has been awarded a Fulbright Lectureship. She will spend three months in Argentina, instructing students at the National University of San Juan, offering recitals and lecturing on the history of music in the United States. Shirley is currently on leave from Bethel to study in the doctoral organ performance program at the University of Kansas.

Letters

- Please renew my subscription to *Report*. I do not know when the present subscription runs out and I don't want to miss a copy. Thank you for such a wonderful publication. I am sharing the articles with my friends and we are enjoying the content and the ideas which act as a springboard for discussions and personal philosophy.

I feel very enriched and my faith enhanced and justified by reading the reports. Certainly my daughter will be helped immensely.

—Janet Penner Sabatinos, Milton, Ontario

- We appreciated the two pseudonymous articles in your May-June issue (#66 Divorce and the Church). Their stories point to the need and the unrealized potential for the church to be a compassionate community where people can find healing.

Statistics alone give us some idea of how many hurt people are coming from broken marriage relationships. Esther Abee reminds us that hurt people need loving, not labels. We look forward to reading her book *A Pan of Cinnamon Rolls*. We rejoice with Wendy and Ron MacRogers that the church provided marriage support at their crucial time, and that they now provide that support to others.

We were disappointed in the tone and in specific statements in your editorial. We felt you dealt very superficially with the tensions the church faces in caring for people whose marriages are breaking or broken. Vision was lacking. There was neither pastoral vision for creative ways the church can support marriages nor biblical vision for the ever-present possibility of reconciliation and the holy mystery of the marriage covenant.

Some congregations have done sensitive examinations of their expectations of members and of ways to use congregational resources in support of marriages and in compassionate ministry to those whose marriages are breaking or broken. An article on one of these efforts would have provided a useful perspective.

Congregations wanting resources on this subject should obtain a copy of a study done in 1980 by the College Mennonite Church (Goshen, Ind.). Their study group met over a period of four years, and sought counsel from

theologians, pastors and several hundred members of the congregation.

We would like to encourage you to think more carefully about the following statements from your editorial:

(1) Paragraph 6: "The marriage covenant, for all intents and purposes, has been broken." You are confusing the biblical "covenant" motif with our modern understanding of a legal "contract." The concept of covenant is rooted in the biblical accounts of God's relationship with God's people. Christian marriage is a lifelong covenant. It is not simply a contractual agreement that depends on the performance of the other party.

(2) Paragraph 6: "Is it not hypocrisy to call a 'marriage' something which is clearly not a marriage of heart and soul in God's eyes?" We can hardly believe that you have the gall to tell us how things look to God, let alone that you understand how God views a marriage in trouble.

(3) Paragraph 9: "To some ministers, the marriage vow has evidently become sacrosanct, and preserving the marriage may take precedence over preserving the woman's well-being, and even her life." In the first place, there is never a simple either/or choice between a person's life and marriage. Surely most ministers would consider separation as a possibility in cases of abusive relationships, thereby protecting the people and the marriage. Furthermore, it should not take doctoral research to discover that some ministers consider the marriage vow to be holy and inviolable; this is, after all, what they say every time they perform a marriage. We would hope that all ministers would hold the marriage vow sacrosanct, and we see no reason why this should prevent them from counseling a battered wife to protect herself by refusing to live with an abusive husband.

(4) Paragraph 10: "Jesus' prime concern is with people—their dignity, their wholeness—not with blind adherence to religious laws." Again we protest that we do not face a simple choice between concern for people and obedience to law. The law requiring you to drive on your side of the road is not in tension with your desire to love your neighbor—rather, it is a way for you to love your neighbors, the other drivers. We must remember that God's laws were given as an expression of love. Perhaps we need more teaching on law as a vehicle for grace and less on law as an enemy of grace. Yes, laws can be used to oppress, by those who wish to oppress. Demanding that others adhere blindly to laws is coercion. Yet there remains a lot of room between demanding blind adherence to a law, and

• **Women in Church Ministry**

- **Doris Gascho** is serving as interim pastor of Nairn Mennonite Church in Ailsa Craig, Ontario while the regular pastor, **Karen James-Abra**, is on maternity leave. Gascho, who has done executive and personnel work for the Mennonite Conference of Ontario and Quebec, is also attending Waterloo Lutheran Seminary on a part-time basis.

- **Lena Horning Brown** became the first woman to be licensed as a deacon in Lancaster Conference on Jan. 4. A former school teacher, Lena has been active in refugee work in the Harrisburg area for the past 11 years on behalf of Slate Hill Mennonite Church in Shiremanstown, Pa. The licensing recognizes her ministry with refugees. In 1986, Lena was named "Volunteer of the Year" by Harrisburg Catholic Social Services.

- **Sylvia Shirk Charles**, a Mennonite Board of Missions worker who has been in Belgium with her husband, Robert, and their three young children for the past seven years, played a central role in the centenary celebration of World Day of Prayer held on Feb. 21 in St. Michael's Cathedral in Brussels. The service, which focused on the situations of women worldwide, was given in four languages—French, Dutch, German and

English. Sylvia provided a meditation on the great feast parable of Luke 14.

- Two women of the Girardot Mennonite Church in Girardot, Colombia—**Flor del Rio** and **Enelia Diaz**—helped lead a service commemorating World Day of Prayer for Peace recently. The city's cathedral was jammed packed with both Catholics and Mennonites who joined in the service.

scrapping the law. Our prime concern is with people—and for that reason we expect that we will never counsel anyone to get a divorce.

We are grateful for the many voices we have heard through *Report* in the last 10 years. Today we respond because we think you are being careless with something precious but currently vulnerable: the covenant of marriage. Keep publishing, we'll keep reading.

—*Richard and Brenda H. Meyer, Alwynskop, Lesotho*

- I continue to enjoy and be challenged by the *Women's Concern's Report*. In my opinion, it is the *best* newsletter published in the Mennonite circle for women and men alike!

I have just received a copy of the recent issue on *Women's Concerns* with a complete listing of previous topics. I plan to get copies and do some back reading!

Thanks again for putting a bright spot in my day with your publication which addresses such crucial and necessary issues.

—*Nadina Henley, Philadelphia, Pa.*

- For approximately one year, my husband has been receiving the publication, *Women's Concerns Report*. I have read each issue with interest, noting that most of the subjects addressed are the discrimination of women and that most of the contributors are women. These articles are timely and certainly need to be written about and the readers need to be made aware of them.

But there is one question. Why is only my husband's name on the address label? This seems to be inconsistent with the theory that a woman is an individual and that she does not automatically come under her husband's umbrella in every aspect—even mail!

—*Bertha Born, Emporia, Kan.*

Ed. Note: Sorry, Bertha, we don't know how this happened and by now you should be receiving Report in your name as well. If other readers are similarly excluded in their address labels, please let us know.

- Two articles have come to my attention recently that further the field of "Mennonite women's studies," and I'd like to commend the authors for their work in this area. We may not be entirely pleased with what went on in the past, but knowledge of it can give us a better perspective on the role of women in contemporary Anabaptism. The first article, "The Role of Women in the Mennonite Transition from Traditionalism to Denominationalism," by Jim Juhnke, is in the September 1986 issue of *Mennonite Life*. The second article appears in the October 1986 issue of *The Mennonite Quarterly Review*. The title of this article by John Klassen is "Women and the Family among Dutch Anabaptist Martyrs."

—*Janice Kreider, Vancouver, British Columbia*

- Our office receives one copy of *Women's Concerns Report*. Could you please increase this mailing to six. I would like to use these copies for MCC displays, as well as having them available in the office. It's a great publication!

—*Janet M. Janzen, co-director of service programs, MCC Saskatchewan*

- I have been receiving MCC *Women's Concerns Report* following my VS term in 1979-80 and have enjoyed each issue. I often share my copy and know several friends who now subscribe.

Thank you for all your excellent work regarding the concerns of us women. Please continue to send me the *Women's Concerns Report* at my new address. I do not want to miss any issues. Thank you

—*Alice Roeder, Breslau, Ontario*

- I just sat down and read the latest *Report* (No. 68, Women Resisting Injustice) cover to cover. Good as usual! It's so readable. Maybe my need of connecting with women's issues, struggles, strengths is so great right now. Whatever...keep it coming. It meets a need in me, so I suspect it does in other women as well.

—*Erma Weaver, Manheim, Pa.*

- Years ago, I began receiving the *Women's Concerns Report*. I probably heard about it through the Daughters of Sarah. It has been very interesting for me. These are my observations:

You address problems which are foreign to me since I'm not a Mennonite. This is the purpose of your report, and

- While doing clinical pastoral education studies, **Jean Shank** discovered that some church brothers and sisters who are patients at Lancaster hospitals feel neglected. Jean responded to this need by starting a ministry of hospital visitation, which is being supported by the Lancaster Conference. She is a member of Erisman Mennonite Church in Manheim, Pa.
- **Lourdes Alvarado** became the first woman to pastor a Mennonite congregation in Central America when she was installed as pastor of the Lopez Arellano congregation in San Pedro Sula, Honduras on Nov. 30. Lourdes was the only woman among six recent graduates of the Mennonite Bible Institute at La Ceiba.
- **Connie Zehr** has terminated a seven-year pastoral ministry at Warden Woods Mennonite Church in Toronto, Ontario to work in education.
- **Marilyn and John Bender** were installed as co-pastors of the new Raleigh (N.C.) Mennonite Church on Dec. 7.
- In Geneva, a special meeting of the World Council of Churches Central Committee discussed plans for an "Ecumenical Decade of Churches in Solidarity with Women" beginning in 1988. The 10-year emphasis would focus on the situation of women in the church and on the church's role in improving the conditions for women in society.

you do it well. It's hard to understand a denomination full of assertive, involved women still struggling with the issue of ordaining women.

Half the people seem to be named Yoder.

Keep up the good work!

I moved recently and am faced with sending you a change of address notice or cancelling my subscription. I think you probably can find better uses for your resources, so I'd like you to take me off your mailing list.

Thank you for the issues I've received.

—Wayne Yoder (just kidding!) Pauluk, Osceola, Wis.

- Just recently a friend passed along two copies of *Women's Concerns* to share with me all the good reading inside. What a good friend! It really excited me to know this is available. It's an encouraging source of information about "who" is doing "what," "where" and "why."

I hope to share my copies with other women in my area. Here's a contribution to keep it coming.

—Naomi E. Fast, Newton, Kan.

- I am writing for a number of reasons. First, I would like to thank you for your fine quality newsletter. I always look forward to reading the stimulating articles that are written from a personal point of view.

Second, I am writing to inform you of my change of address.

Last, I am sending my subscription fee for both last year and this year. I was not earning a salary last year so I did not feel I could pay for a subscription. I would like to make that up now that I do earn a salary. Thank you for continuing my subscription.

God bless you as you continue to provide perspective and insights on thought-provoking issues.

—Peggy Gehman, Chicago, Ill.

- So many publications arrive each month ... most of them unsolicited. I vacillate between feelings of annoyance and then guilt when I don't read them all. But *Women's Concerns* is one I read from cover to cover. I really appreciate the testimonials you offer as you grapple with

current women's issues. You'll find a small cheque enclosed to defray expenses.

—Lorie Regehr, Regina, Saskatchewan

- I got the copy of your newsletter (*Report* No. 69, Women and Advertising); thank you for remembering me. It's great! Of course, I enjoy the subject and am encouraged that more and more women are picking up on it and are pointing out the poison behind the glamour.

—Adriana Santa Cruz, Fempress, Santiago, Chile

Ed. Note: Adriana Santa Cruz was most helpful in supplying information about women and media in Latin America for Report No. 69.

News and Verbs

- While in south India in 1986, **Dorothy Yoder Nyce** was able to do research at the Mother Teresa Women's University at Kodaikanal, Tamil Nadu. This fairly new institution is one of its kind in India. Each of the nine women professors specializes in an academic area, and all the women students focus their study and research on Indian women's experiences. "The university's 'budding' library is most respectable; professors and students were most friendly," Dorothy reported.
- Mennonites **Dorothy Friesen, Kris Chupp** and **Orlando Redekop** were arrested at a shopping mall in Chicago on Dec. 20 for their participation in a public demonstration against U.S. military escalation in Central America.
- July 30 is the application deadline for the **third annual Lectureship Stipend for Women Graduate Students**, offered for the 1988-89 academic year by Associated Mennonite Biblical Seminaries. The \$10,000 stipend is intended to underwrite doctoral-level research and part-time teaching at AMBS. More information is available from the chairperson, Women's Advisory Committee, AMBS, 3003 Benham Ave., Elkhart, Ind. 46517-1999.
- **Judy Jutzi** recently was named supervisor of the King Street Provident Bookstore in Kitchener, Ontario. Judy, her husband and two children belong to the Erb Street Mennonite Church in Waterloo.



• **Committee on Women's Concerns Announcements**

- The MCC Committee on Women's Concerns would like to survey available *adult education resources dealing with the Biblical messages of women's roles and ministries*. If you know of materials on these topics suitable for Sunday school, Bible study groups, etc., please send a copy of the resource, or a title and address where it can be obtained. to

Peggy Regehr, Women's Concerns Director, MCC Canada, 134 Plaza Drive, Winnipeg, Manitoba R3T 5K9.

Evangelical Mennonite, Conservative Mennonite or Beachy Amish Mennonite. For more information or to express interest, contact Emily Will, MCC, Box M, Akron, Pa. 17501.

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- A new report of the United Church of Christ in the United States points to **continuing employment discrimination against ordained women**. Of 138 clergywomen who answered a recent survey, 61 percent say they were not hired because of their sex. In addition, 43 percent report sexual harassment on the job, and 63 percent say they have been denied decision-making roles in the church. About 72 percent charged that they are paid less than men, a statistic reinforced by the denomination's Pension Boards, which have found that women parish ministers are paid 75% of what men are paid.
- A survey of 45 theological colleges and leaders of major church denominations in Canada reveals that they are doing **virtually nothing on the problem of wife abuse**. The survey was carried out by the Women's Inter-Church Council of Canada, a group with representation from Anglican, Baptist, Lutheran, Mennonite, Presbyterian, Quaker, Roman Catholic, United and other churches. The council has received a government grant to prepare an informational kit on domestic violence for ministers and theological colleges.
- The Conference of Mennonites in Manitoba is sponsoring MaryLou Dreidger to assist congregations in teaching peace to children. An elementary school teacher, MaryLou has adapted a children's peace curriculum she developed for use in public schools to church settings. She can be contacted at Box 3027, Steinbach, Manitoba R0A 2A0.
- Over 13 million children in the United States live in poverty. Bread for the World's 1987 Offering of Letters campaign is in support of an exceptionally successful program—commonly referred to as the WIC program—designed to improve the health of low-income infants, preschoolers, and pregnant and nursing women. Bread for the World is urging support for legislation that will increase WIC funding over the next few years. With current funding limits, WIC serves only about 42 percent of the eligible women, infants and children. To obtain a background paper on the WIC program, contact Bread for the World, 802 Rhode Island Ave. N.E., Washington, D.C. 20018.
- World Women in Defense of the Environment hopes to publish in 1987 a **Directory of Women in Environment**, a resource listing of women throughout the world who have special education, training, expertise, or experience with environmental problems at the grassroots, national or international level. The group also puts out a monthly publication, **WorldWIDE News**. For information write to the organization at 1718 P Street NW, Suite 813, Washington, DC, 20036.
- Nancy Reigsecker of Upland, Calif. and Wendy Bower, Salford, Pa. are new members of the Messiah College Board of Trustees. Messiah College, located in Grantham, Pa., is associated with the Brethren in Christ denomination.

REPORT is published bimonthly by the MCC Committee on Women's Concerns. The committee, formed in 1973, believes that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committee strives to promote new relationships and corresponding supporting structures in which men and women can grow toward wholeness and mutuality. Articles and views presented in *Report* do not necessarily reflect official positions of the Committee

on Women's Concerns.

Correspondence and address changes should be sent to Emily Will, Editor, MCC, Box M, Akron, PA 17501.

U.S. residents may send subscriptions to the above address. Canadian residents may send subscriptions to MCC Canada, 134 Plaza Drive, Winnipeg, MB R3T 5K9. A donation of \$6.00 per year per subscription is suggested.



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